

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE

POLICY NUMBER: 10W5A467664 NEW

Renewal of Number:

1. INSURED'S NAME AND MAILING ADDRESS:

Code: 17396

LIFE RESOURCES OF GEORGIA INC
 % LIFE RESOURCES OF GEORGIA
 INC
 PO BOX 6375
 MACON GA 31208

☐ Individual ☐ Partnership
☒ Corporation ☐ Other

Location(s) not shown above:

6405 SUGARLOAF PKWY DULUTH GA 30097

FEIN 260541427
 SIC 813110

2. Policy period: The policy period is from 07/28/17 to 07/28/18 12:01 A.M. Standard Time at the insured location.

3. Coverage:

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation law of the state(s) listed here:

GA

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under

Part Two are:

Bodily Injury by Accident	\$ 100,000	each accident
Bodily Injury by Disease	\$ 500,000	policy limit
Bodily Injury by Disease	\$ 100,000	each employee

C. Other States Insurance: Part Three of the policy applies to the state(s), if any, listed here:

ALL STATES EXCEPT MONOPOLISTIC STATES AND STATES DESIGNATED IN ITEM 3A ABOVE

D. This policy includes these endorsements and schedules: WC000000C 01 15 WC000419 1-01 WC100402 1 13
 WC000424 01 17 BN1B 1.0 WC000422B 01 15 WC100601B 7 14 WC000421D 01 15

4. Premium: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans.

All information required below is subject to verification and change by audit.

State	Classifications	Code No.	Premium Basis Total Est. Ann. Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
GA	CHURCH - PROFESSIONAL EMPLOYEES & CLERICAL	8868	28,000	.36	101
GA	TERRORISM	9740	28,000	.02	6
GA	CATASTROPHE	9741	28,000	.02	6

Experience Rating Modification Factor	Schedule Rating Credit/Debit	Premium Discount	Expense Constant	Loss Constant
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\$150

Explanation of Changes:

Total Estimated Annual Premium \$	263
Minimum Premium \$	195 **

Payment Plan: ANNUAL

** TERRORISM AND ANY APPLICABLE STATE ASSESSMENT
 CHARGES ARE IN ADDITION TO THE MINIMUM PREMIUM.

Countersigned 1021 HALLMARK INSURANCE & RISK
 MANAGEMENT SOLUTIONS INC
 CHATTANOOGA TN

By

Authorized Representative

423-894-9497

The Home Office Address of Brotherhood Mutual Insurance Co. is P.O. Box 2227, Fort Wayne, IN., 46801-2227



Streamlined Annual Workers' Compensation Policy Audit

Policyholders Should Update Brotherhood Mutual with Changes in Payroll Information

Brotherhood Mutual has implemented a procedure that we believe will save you time in managing your workers' compensation program.

When Brotherhood Mutual issued your policy, we calculated the premium based on the payroll information that you gave us. We plan to continue using this same payroll information to recalculate the policy premium when we annually review your policy, unless you provide us with updated information. In such instances, Brotherhood Mutual may contact you to clarify some information.

As these important dates approach in the future, it's crucial that you keep your agent apprised of changes that affect your payroll information. It influences what you pay for insurance and the accuracy of the benefits you provide to your employees in the event of a workplace injury or illness.

Specifically, you should let your agent know about:

- Changes in the number of employees on your payroll
- Increases and decreases in employee salaries
- New programs that you have added to your ministry
- Programs that have been eliminated from your ministry
- New and closed ministry locations- local, regional, and in other states

Your agent will pass updated information to Brotherhood Mutual so we can keep your policy as current as possible. Because each state closely regulates workers' compensation programs in its jurisdiction, we provide state agencies with facts about the policies we administer. It's important that you provide us with current information to meet these state-mandated requirements.

We hope this arrangement will make managing your ministry's insurance program easier. If you have any questions about your payroll or what information you should provide to keep your payroll information up to date, please contact your Brotherhood Mutual agent. Your agent will be happy to assist you.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Figgins", written over a horizontal line.

Scott Figgins
Vice President, Underwriting

AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

Part Five - Premium, Section G. (Audit) of the Workers Compensation and Employers Liability Insurance Policy is revised by adding the following:

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we may apply an Audit Noncompliance Charge. The method for determining the Audit Noncompliance Charge by state where applicable, is shown in the Schedule below.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, we will revise your premium in accordance with our manuals and Part 5 - Premium, E. (Final Premium) of this policy.

Failure to cooperate with this policy provision may result in the cancellation of your insurance coverage, as specified under the policy.

Note:

For coverage under state-approved workers compensation assigned risk plans, failure to cooperate with this policy provision may affect your eligibility for coverage.

Schedule		
State(s)	Basis of Audit Noncompliance Charge	Maximum Audit Noncompliance Charge Multiplier
GEORGIA	\$263	2 TIMES

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

WC 00 04 24

(Ed. 1-17)